

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K68618 (3)

1. Corporation Name
ROBERTS MAIL CONTRACTING, INC.




Principal Place of Business US 17 SOUTH ARCADIA FL 33821 US	Mailing Address PO BOX 387 NOCATEE FL 34268-0387 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/24/1989	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0094156	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent					
ROBERTS, VERONICA K. U.S. 17 SOUTH P. O. BOX 387 NOCATEE FL 33884	<table border="1"> <tr><td>81 Name</td></tr> <tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td></tr> <tr><td>84 City</td></tr> <tr><td>85 Zip Code</td></tr> </table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
81 Name						
82 Street Address (P.O. Box Number is Not Acceptable)						
83						
84 City						
85 Zip Code						

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: 4/8/97

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MARCUS A.	1.2 NAME	
STREET ADDRESS	US 17 S, P. O. BOX 387 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOCATEE FL	1.4 CITY-ST-ZIP	
TITLE	VTS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, VERONICA K.	2.2 NAME	
STREET ADDRESS	US 17 S, P. O. BOX 387 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOCATEE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: 4/8/97 941 494 0950

CR2E034 (9/96)